

Related Services Documentation Log

For professional services including PT, OT, Speech, Language & Hearing, Vision, Nutrition, Mental Health Counseling, Rehabilitative Nursing Services.

Not for use with Developmental and Assistive Therapy or Personal Care Services

STUDENT INFORMATION

Name: James Sinclair

DOB: 6/12/90

Diagnostic Code: 315.3

PROVIDER INFORMATION

Provider Name: Albert Johnson

Provider Type: RPT

SU/School: VTSU/Vermont Elem. School

Date mm/dd/yy	Activity/Procedure/Service Brief Description	Small Group Or Individual	Minutes Per Session
9/6/02	Worked on range of motion, R&L legs	Individual	30
9/9/02	Worked on stair climbing	Individual	30
9/13/02	Worked on fine motor coordination	Individual	30
9/16/02	James was absent, missed scheduled appt.		
9/20/02	Worked on stair climbing	Individual	30
9/23/02	Worked on leg ROM	Individual	30
9/26/02	Worked on jumping rope	Individual	30
9/30/02	Worked on leg ROM	Individual	30

Group size must be six or less students for professional services or four or less students for paraprofessional services in order to be a Medicaid billable service. Use additional pages as necessary. **DO NOT USE DITTO MARKS, ARROWS, PENCIL or WHITE OUT.**

Actual hours of 1:1 services provided during the billing period	<u>3.5</u> hours
Actual hours of small group services provided during the billing period	_____ hours

Quarterly progress note to be completed on the back of this form.

Provider Signature: Albert Johnson

Date: 9/30/06

Title: Registered Physical Therapist

Supervisor Signature: _____ Date: _____

(Supervisor signature is required if the service above is provided by staff member who is considered a paraprofessional for Medicaid billing purposes.)

Supervisor Name (Printed): _____